

CHAPTER 14 – REIMBURSEMENT

REVISION DATE: 4/16/14

INITIAL IMPLEMENTATION DATE: March 29, 2013

REFERENCES: [42 CFR 438.106](#); [A.R.S. §36-2931](#); [A.A.C R9-22-711](#)

Pursuant to 42 CFR 438.106, Division ALTCS members (as defined by ARS §36-2931) are not subject to payment liability to providers who provide covered services. Further, Division ALTCS members are not required to make a copayment for any covered services pursuant to AAC R9-22-711.

The Division's Acute Care Health Plans have a mechanism for reimbursing members for their out-of-pocket expenses for covered services. Providers are responsible for billing any private insurance and/or Medicare before submitting a claim to the Division or one of its Health Plans. When a member does have private insurance or Medicare an Explanation of Benefits (EOB) must be attached to the claim submitted to the Division.